

**Application for APH/Dolly Parton's Imagination Library Partners  
Print/Braille Book Program**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Birth Date: (mm/dd/yyyy) \_\_\_\_\_ Gender: \_\_\_\_\_

I certify that my child is legally blind and is likely to use braille as his or her future reading medium.

Please provide the name of the agency or organization providing support services for your child: \_\_\_\_\_

Your Title: (Mr./ Ms./ Mrs.) \_\_\_\_\_

Your First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I certify that I am the child's parent or

I certify that I am the child's legal guardian *\*If you are the child's legal guardian, please indicate whether you are a grandparent, aunt/uncle, foster parent:* \_\_\_\_\_

Street Address *(books will be mailed to this address):* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ I certify that my child resides in the U.S. or its possessions *(American Samoa, Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, U.S. Virgin Islands)*

Email Address: *(so that we can send updates)* \_\_\_\_\_

*Your privacy is very important to us. Information you provide will not be shared outside APH.*

Phone Number: *(In case there is a problem with book delivery)* \_\_\_\_\_

\_\_\_\_ I certify that the information I have provided is accurate and complete.

*Please return completed form to:*



American Printing House  
for the Blind, Inc.

**American Printing House for the Blind  
Attn: DPIL  
1839 Frankfort Ave  
Louisville, KY 40206-0085**

## **Thank you for your application!**

If your child is eligible and we enroll him or her in the APH/DPIIL Partners Print/Braille Book Program, you will be emailed a welcome letter from Dolly Parton and APH within 10 business days. The welcome letter will provide you with additional details about the Program and when you can expect your first book to arrive.

If your child is eligible for the Program, but we are not able to enroll your child now due to limited available books, we will automatically place him or her on our waiting list. If this occurs, you will not receive word from us at this time. When there is an opening in the Program, your child will be moved from the waiting list into the Program--provided he or she still meets the eligibility criteria. At that point, we will contact you. (We really hope this happens!)

Whether you are enrolled in the program immediately OR are placed on our waiting list, it is very important that you use the *CHANGE ADDRESS/CONTACT INFORMATION/CHANGE STATUS* form on our website - [www.aph.org/dpil](http://www.aph.org/dpil) - to let us know about any changes that could affect our ability to contact you about your status in the program or call us at (502) 899-2361.



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